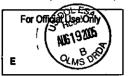
U.S. Department of Labor §
Office of Labor-Management Standards Washington DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9902	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Michael T Afuso	Name Sheet Metal Workers AFL-CIO Local UNIOn 293	
	Labor Organization File Number 038-672	
PO Box Bidg Room No if any Room 401	P O Box Building and Room Number if any Room 401	
Street 1405 N King St	Street 1405 N King St	
City Honolulu	City Honolulu	
State Hawaii ZIP Code +4 96817	State Hawaii ZIP Code + 4 96817	
5 Position in labor organization EXECUTIVE GOALO		
Enter appropriate data below if during the past fiscal year you or your sponsor. (except as specified in the exclusion of th	usions set forth in the instructions) derived income or other economic benefit of	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
Name		
Trade Name, if any		
PO Box Bidg Room No If any		
	7 b Amount.	
Street		
City	\$0	
State ZIP Code +4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions.)		
Signed Juguer	On 8/11/2005 808-841-5078 Telephone Number	
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Name of Person Filing Michael Afuso		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name Hawaii Sheet Metal Workers Trade Name If any Hawaii Sheet Metal Workers JATC PO Box Bidg Room No If any Room 403 Street 1405 N King St City Honolulu State Hawaii ZiP Code+4 96817	a Labor Organiza Trust C. Employer		
19 b or 9 c is checked give trust or employer's name		ng	
Name Hawall Sheet Metal Workers Trade Name If any Hawall Sheet Metal Workers JATC PO Box, Bldg. Room No. if any Room 403 Street 1405 N King St	Board Member of th	e Hawall Sheet Metal Workers JATC	
Guest	11 b Approximate dollar valu	ie of such dealing	
City Honolulu State Hawall ZIP Code + 4 96817	12 a Nature of interest hel 7 dinners in conju Attendance at confi daily expenses	dorincome received notion with JATC meetings erence including air fare hotel	
	42 h Annuar	e2 250	
	12 b Amount	\$3 759	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment.		
(including trade name if any)			
Trade Name if any:		į	
PO Box Bldg Room No if any			
Street		1	
City		1	
State ZIP Code + 4			
217 0000 7 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.		